

Valid until 31<sup>st</sup> March 2020

## 1. Whose ashes will be scattered?

Full name \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

## 3. Cremation Certificate

Received

Please send the original form(s) to us

Form Ref. No. /date \_\_\_\_\_

## 4. What type of event are you planning?

- Simple scattering  
 Other \_\_\_\_\_  
 \_\_\_\_\_

Numbers expected: people \_\_\_\_\_ / cars \_\_\_\_\_

Any special vehicles or other requests: \_\_\_\_\_  
 \_\_\_\_\_

Do you wish the custodian to be there?  Yes /  No

## 5. Environmental responsibility

Please ensure that no Oasis foam, plastics or cellophane flower wrapping or mementos are left at the burial ground.

### Office use:

Calendar;  Cust;  Certs;  Paid: Inv \_\_\_\_\_

## 12. Signature and declaration

I declare that the information given on this form is accurate. I am the person to whom all correspondence should be sent and am responsible for paying the amounts shown above and confirm that I have read, printed or saved a copy of the Terms and Conditions which apply (<http://www.leedam.com/burial-contract-terms.html>) and understand that on completing this application I am bound by the Terms and Conditions

**IMPORTANT** Please let us know if your contact details change

Signature \_\_\_\_\_ Full Name \_\_\_\_\_

Home address [ As above] \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Relationship to 1. \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

We would like to be able to contact you about future changes at the burial ground and any new options that become available. If you agree to being contacted this way please tick the relevant boxes:  Email  Post  Phone

## 6. Requested date:

Day: \_\_\_\_\_  Cust

Arrival time \_\_\_\_\_ departure \_\_\_\_\_

## 7. Funeral Company (if any)

Company \_\_\_\_\_

Contact \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

## 8. The family representative on the day will be:

Mobile \_\_\_\_\_

## 9. Will you use a celebrant or minister? Yes / No

Name \_\_\_\_\_

## 10. Who will bear and lower the ashes?

- Friends and family  
 Funeral director's staff

Please read and circulate our guide to health and safety  
<http://www.leedam.com/health--safety.html>

## 11. Payment (required two days beforehand)

- £195 - Paid to Leedam Natural Heritage  by cheque or  
 by BACS 06006136, 80-02-38, quoting ref: AV+Yourname  
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